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Improving health outcomes in young people

A holistic, team based approach

Background

Young people aged 12–25 years are poorly serviced by current models of healthcare; they are under represented in Medicare data and are poor seekers of healthcare. However, the majority of mental health problems commence during this age span, significant sexual health issues arise, and there is poor compliance with treatment for chronic disease.

Objective

This article describes a holistic, multisector primary healthcare delivery model which may provide a way forward to improve both access and outcomes for young people.

Discussion

The 'headspace Gold Coast' model incorporates the relationship the young person has with both the organisation and the individuals within it; a focus on social and vocational rehabilitation; and a team based approach. The model provided at headspace serves an unmet need for young people in urban settings. However, more and ongoing support is crucial, including options for integration into existing primary care.

Keywords: health services; adolescent; young adult

involve management of depression.⁵

Barriers identified by general practitioners to providing adolescent health services include inadequate time, flexibility, skills or confidence, and poor linkages with other relevant services.⁶

Young people with mental health disorders, such as depression and substance abuse, are also more likely to engage in smoking and high risk sexual behaviour.⁷ In one study, one in 3 young women and two in 3 young men said they would not seek help for their health due to barriers including concerns about confidentiality, discomfort with disclosing health information, and accessibility and characteristics of health services.⁸

The Gold Coast (Queensland) is Australia's sixth largest city with a rapidly growing population of over 500 000. Young people on the Gold Coast, like all others, are unlikely to seek help for health issues. In 2002, a survey of nearly 4000 year 10/11 students found 6.2% had engaged in deliberate self-harm in the preceding 12 months. Less than half of these young people had sought help – mostly from a friend. Very few reported the event to a GP (2.6%) or mental health worker (7.3%).⁹

The recent Australian Government Health and Hospitals Reform Commission recommended the national implementation of youth friendly, community based services providing information and screening for mental disorders and sexual health.¹⁰ Mental healthcare delivered in the primary care sector provides better outcomes with greater cost effectiveness and better access than other sectors.⁷

headspace Gold Coast

headspace is funded by the Australian Government under the Promoting Better Mental

Young people experiencing health issues are often reluctant to seek help. Mental disorders account for about half the burden of disease in young Australians aged 12–24 years:¹ 12% of males and 18% of females in this age group score levels of distress indicative of anxiety or depression;^{1,2} half of all mental disorders start by age 14 years and three-quarters by age 24 years;³ and one in every 5 adolescents is likely to experience a depressive episode by the age of 18 years.⁴ In 2004, 272 young people aged 12–24 years committed suicide (8 per 100 000), and accounted for 14% of all suicide deaths in Australia.¹ Despite these statistics, few (1.3% males and 3.0% females) general practice consultations with young people aged 12–18 years

Health – Youth Mental Health Initiative. Under the auspices of a national office it comprises a knowledge centre and 30 separate service delivery sites around Australia. Each headspace site operates under the governance of a local consortium.

headspace Gold Coast has a particular focus on all services being available under one roof.¹¹ This 'one-stop-shop' concept comprises comprehensive and holistic health services, employment and vocational assistance and a social recovery program. Governance is provided by a consortium of local stakeholders and 'Youthink' (a youth advisory group) advises on youth friendly practice. Onsite service delivery is complemented by a comprehensive website linking young people to local services and activities. The site also provides comprehensive medical information.

Young people drive key decision making and sit on staff recruitment panels. The headspace Gold Coast physical environment is a vibrant, welcoming and colourful place designed by the young people. All staff are selected for their positive attitude and commitment to working with young people.

On initial contact with headspace Gold Coast, each young person makes an appointment with a member of the youth access team to explore their needs. Written consent is sought from a parent or legal guardian for clients under the age of 16 years. Where a young person wishes to access services without parental involvement, the Gillick principle may allow them to proceed.¹² The value of involving parents or another significant adult in their care is discussed, and family reconciliation included in planning where appropriate.

The initial assessment is a comprehensive bio-psycho-social inventory, sensitive to the needs of the young person based on Home, Education/employment, Activities, Drugs, Sexuality Suicidality/safety (HEADSS)¹³ and also includes the emotional distress tool, the Kessler Psychological Distress Scale (K-10),² and SOFAS (Social and Occupational Functional Assessment). This information is electronically shared by all service providers, allowing the smooth flow of information and preventing the need for the young person to retell their story to multiple team members.

Case coordination rests largely with the

access team member completing the initial assessment and involves maintaining regular contact with the young person, assistance to develop and maintain support networks, making links to referred services, presenting the case to reviews, and planning for service exit. Clients might also engage in onsite group activities, which include social interactive opportunities, physical activity, psycho-education programs and evidence based psychological group strategies. Primary healthcare with a GP is available onsite, and psychiatric consultation or case review occurs via onsite visits from the local Child and Youth Mental Health Service (CYMHS) and Adult Mental Health Service.

Services are provided free at point-of-care, through a combination of Medicare funding, direct funding via the Youth Mental Health Initiative, colocation with employment and education services, and the generosity of volunteers.

National evaluation

headspace Gold Coast participated in a national evaluation in which local focus groups reported a high level of satisfaction with the youth friendliness of the facility. Aspects of youth friendliness identified by focus groups included the nonclinical environment, nonjudgmental and trusting relationships, a sense of control over service experiences, low or no cost services, and appointment reminders.¹⁴ At a national level, 86% (n=166) of young people asked during the evaluation said that headspace had met their needs, and 99% (n=167) would recommend headspace to friends.¹⁴

Service access

Review of databases showed that in the first 18 months (May 2008 to November 2009) headspace Gold Coast provided services to 1507 clients. A case coordinator was assigned to 1440, and 1368 (95%) of these met the target age range of 12–26 years (*Table 1*).

Of those clients assigned a case coordinator, 46 (3.2%) identified as Aboriginal or Torres Strait Islander compared to less than 2% in the local population.¹⁵ There were 616 (43%) in full time education, while 333 (23%) were seeking employment. Sources of referral are indicated in *Table 2*, highlighting close relationships with other youth organisations. National reporting

of website utilisation shows particularly high activity for headspace Gold Coast. This indicates that young people are finding out for themselves where to seek care.

Appointments were confirmed on the day before the appointment and missed appointments followed up, resulting in a failure to attend rate of less than one in 10. If more than 3 months had lapsed since the client had been seen, they were contacted to explore their ongoing needs. At any time about 1000 clients were using headspace Gold Coast services.

Discussion

headspace Gold Coast, in conjunction with the national office and its awareness campaign, appears to improve access and engagement with a group usually disenfranchised from mainstream health services. This is supported by an overall increase in uptake by young people of mental health Medicare services observed across Australia.¹⁴

To date, evidence about the effect of youth friendly service delivery models on health outcomes is scarce.¹⁶ A limited number of assessments of school based health services show an increased access to healthcare and improvement in students' health knowledge.¹⁷ School based health centres in the United States of America are also associated with improved learning environment and school engagement in disadvantaged students,¹⁸ with similar results seen in rural Australia.¹⁹

Collaborative models of care are described in the literature for adults with mental health issues.^{20,21} These demonstrate that teams are better at improving outcomes than individual practitioners.^{20,21} Assertive community treatment (ACT) is a holistic model of care aimed at adults with severe mental health issues who have failed normal care.²¹ Some of the elements headspace Gold Coast shares with these models include an identifiable brand; the relationship the young person has with both the organisation and the individuals within it; a focus on social and vocational rehabilitation; and a team based approach. headspace Gold Coast has a focus on patient centred care and evidence based practice, underpinned by a National Centre of Excellence providing best practice information in usable formats.

Table 1. Gender and age of young people in the target age range attending headspace Gold Coast

	12–15 years	16–18 years	19–26 years	Total
Male	186 (13.6%)	186 (13.6%)	195 (14.3%)	567 (41.4%)
Female	232 (17.0%)	300 (21.9%)	269 (19.7%)	801 (58.6%)
Total	418	486	464	1368

Table 2. Source of referral to headspace Gold Coast

Referral source	N	%
Self referral	375	26.0
Family, friend, or neighbour	94	6.5
School, other educational institution or workplace	263	18.3
Welfare agency, youth service or employment agency	216	15.0
Drug and alcohol agency	19	1.3
Law enforcement agency	25	1.7
Other healthcare service	176	12.2
Psychiatric service	39	2.7
Other	27	1.9
Unknown	206	14.3
Total	1440	

If appropriate funding models can be developed, some of the elements of headspace Gold Coast could be integrated into general practice. General practitioners might make use of current case coordination item numbers to liaise with other services and create interdisciplinary partnerships under a single roof. Current resources include utilising mental health nurse funding within the practice, taking up psychiatric liaison visits where they are offered by area mental health services or using the Commonwealth Government 'GP Psych Support' for case reviews. General practitioners might also consider engaging young people and informing them of help seeking options via practice websites, creating outreach services to schools, and developing relationships with other local youth services. However, the responsibility does not rest with GPs alone. Policy makers must also bear responsibility for ensuring innovative and adequate funding models to support evidence based practice.

Conclusion

The model provided at headspace serves the unmet needs of young people in urban settings

who may otherwise not access healthcare. However, each year in Australia one million young people aged 12–25 years suffer mental health problems and 750 000 of those receive no assistance.²² More and ongoing support is crucial, including options for integration into existing primary care. In addition, continuing research is needed to identify the effects of the headspace model on the health and wellbeing of young people. Engaging young people in development and evaluation within a team based approach could be the way forward.

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Conflict of interest: none declared.

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